

# UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☐ Yes ☐ No

FILED IN CLERKS OFFICE

JUL 14 '25 PM 1:28 USDC MA

## Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

## Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR A CIVIL CASE

### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	MS. Keshia Sophia Aleuas
Street Address	Southbay County Jail #2504132
City and County	20, Bradston Street.
State and Zip Code	Boston MA 02118
Telephone Number	U/A.
E-mail Address	KeshiaAleuas1970@gmail.com

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

\*Please SEE Attached  
Statement of Facts  
to claim.\*

## Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

## Defendant No. 1

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

State of Massachusetts  
 Dept. of Corrections  
 Southbay County Jail  
 20, Bradston Street  
 Boston MA - 02118  
 MA 02118  
 N/A  
 N/A

## Defendant No. 2

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

(Plus Medical Provider)  
 Dept. of Corrections  
 for inhumane treatment  
 all due from the injuries  
 sustained from the  
 assaults by staff.  
 no proper pain manage-  
 ment percocet pain med  
 or back brace.

## Defendant No. 3

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

## Defendant No. 4

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

14th, 3rd, 18th & 8th & 24th  
Concurrence - Rights Violations

**B. If the Basis for Jurisdiction Is Diversity of Citizenship****1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) Keshia Sophia Alvaras, is a citizen of the  
 State of (name) Massachusetts.

**b. If the plaintiff is a corporation**

The plaintiff, (name) \_\_\_\_\_, is incorporated  
 under the laws of the State of (name) \_\_\_\_\_,  
 and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**2. The Defendant(s)****a. If the defendant is an individual**

The defendant, (name) \_\_\_\_\_, is a citizen of  
 the State of (name) \_\_\_\_\_. Or is a citizen of  
 (foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) Dept. of Corrections, is incorporated under the laws of the State of (name) Massachusetts, and has its principal place of business in the State of (name) Massachusetts. Or is incorporated under the laws of (foreign nation) U/A. (U.S.A), and has its principal place of business in (name) Southbay County Jail in Boston

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because (explain):

\$2, million Dollars 3 no cents.

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(Please See Attached letter)  
OF Facts to my Claim.

Hate-crime assault with inhumane  
treatment with Discrimination of my Gender.

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

policy change for the  
Dept. of Corrections in Gender  
Hate Awareness and zero Tolerance  
in assaults to transgender  
prisoners.

\* See Attached Letter of Facts to this claim.

## V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

07-04-2025. 4th of July 2025.

Signature of Plaintiff

Printed Name of Plaintiff

MS Keshia Sophia Cleveas  
MS. Keshia Sophia Cleveas.

### B. For Attorneys

Date of signing:

N/A

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

N/A